

HMGP Duplication of Benefits (DOB) Worksheet

Duplication of Benefits arises when assistance from more than one source of funding is received or available for the same purpose or activity. The specific purpose or activity may constitute all or a portion of a mitigation project. Specifically, FEMA Hazard Mitigation Assistance (HMA) funds cannot be used where an individual's disaster recovery or disaster mitigation needs have already been met or will be met through other available sources of assistance. The following worksheet identifies several of the most common sources of funds that may pose a Duplication of Benefit for elevation costs. Homeowners must disclose information about the actual receipt of financial assistance, and provide proof of payment, from these sources as they relate specifically to the elevation of the structure with Hazard Mitigation Grant Program (HMGP) funds.

Applicant Name:	HMG#:
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Property Address:	County:
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Source of Funding for Elevation Work	Amount Awarded (for Elevation)	Documentation	Verification of Award
a. Homeowner Insurance			
b. National Flood Insurance Program			
c. Increased Cost of Compliance (ICC)			
d. Small Business Administration (SBA) Loan <i>(expressly identified <u>and</u> received for elevation/mitigation purposes)</i>			
e. FEMA Individual Households Program (IHP) <i>(repair/temporary housing)</i>			
f. Private Non-Profit Sources			
g. Other			
h. Total Non-HMGP Amounts Received for Elevation Work <i>(sum a thru g)</i>	\$0		
i. Total Cost of Elevation <i>(total eligible costs per Itemized Reimbursement form)</i>			
j. Unmet Need for Elevation Work <i>Cost of Elevation (i) – Total Non-HMGP Amounts Received (h) Amount = Unmet Need</i>	\$0		
k. HMGP Award Amount <i>Unmet Need (j) or \$30,000, whichever is the lesser amount</i>			

Notes:

HOMEOWNER ATTESTATION: I certify that all of the above information is true and accurate to the best of my knowledge. Further, I understand that information regarding my property may be shared with and verified by custodians of property records such as other Federal or other governmental agencies, insurance companies, or any public or private entity for the purposes of ensuring that the property has not received money that is duplicative of any possible HMA grants received.

Homeowner:	Date:
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After DOB has been fully executed and all information has been verified:

Grant Administrator:	Date:
Monitoring and Compliance Administrator:	Date: